



## **MONTANA STATE HOSPITAL POLICY AND PROCEDURE**

### **USE OF PROTECTIVE HOOD**

**Effective Date:** June 1, 2015

**Policy #: TX-32**

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#### **I. PURPOSE:**

- A. To define the accepted use of protective hoods when individuals display spitting/biting behaviors and to provide protection against infectious diseases or harm associated with a person who is spitting and/or biting.
- B. To seek to care for each person in the least restrictive manner possible while protecting the safety, rights and dignity of all parties involved.

#### **II. POLICY:**

- A. It shall be the policy of Montana State Hospital (MSH) that individuals will be served in the least restrictive manner possible while preserving the rights, dignity and safety of all individuals.
- B. MSH is committed to a violence-free environment. We must continually reinforce to all people on campus that violent acts and threats are not acceptable behaviors, and we must provide an appropriate response when these behaviors occur.
- C. Trauma informed principles will be utilized when determining the necessary action to take when individuals act in a violent manner, considering if the use of a protective hood is detrimental to the individual.
- D. It is the policy of the MSH that protective hoods may be used on persons that present or have previously demonstrated a propensity to spit or bite during restraint application or when physically restrained.
- E. It is the policy of MSH that protective hoods will only be utilized under the direct supervision of a Licensed Independent Practitioner (LIP) or a Registered Nurse.
- F. The use of a protective hood will be documented on the physician's order form.
- G. A protective hood will only be used in exceptional situations when a patient has a history of spitting and/or biting or is in the process of spitting and/or biting and will not be seen as a routine or standard procedure.
- H. The use of a protective hood will be discontinued immediately when a medical issue such as bleeding from the mouth, vomiting, or respiratory distress is observed.

- I. The use of a protective hood shall be ended immediately when the individual is safely restrained and staff are able to move to a safe distance.
- J. The protective hood will not be used when an individual is in seclusion.
- K. Individuals will be continually monitored in a face to face manner while the protective hood is used.
- L. The protective hood is intended as a one-time only use and must be properly disposed of following each use.
- M. The use of personal protective equipment will be the expectation for all staff managing a violent situation
- N. The use of a protective hood will be evaluated during the event review.
- O. The Patient Safety Committee will retrospectively review all instances where protective hoods are used.

**III. DEFINITIONS:**

- A. Protective Hood – A temporary protective device worn on the head to protect others against the spread of infectious disease that may be caused by spitting and/or biting. The device is transparent and vision is not obstructed.
- B. Restraint – The use of any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces free movement of a patient's arms, legs, body or head.
- C. Trauma Informed Care – Care that is grounded in and directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma and violence, and is informed by knowledge of the prevalence of traumatizing experiences in persons who receive medical or mental health services.

**IV. RESPONSIBILITIES:**

- A. It is the responsibility of all staff working at MSH to support a violence free environment in conjunction with trauma informed principles.
- B. Staff shall make all efforts to preserve the privacy, safety, human dignity, and the physical and emotional comfort of the patient at all times.
- C. All staff will take responsibility for their own safety by utilizing personal protective equipment.
- D. Staff will ensure the protective hood is only used in exceptional situations where an individual is spitting and/or biting. The hood will not be used as a standard procedure.

- E. Staff will ensure the protective hood is only used during a restraint procedure when an individual is spitting and/or biting.
- F. Staff will ensure that the use of a protective hood will be discontinued immediately when a medical condition arises or when the individual's spitting and/or biting behavior ceases.
- G. Staff will monitor an individual continually in a face to face manner when the protective hood is utilized.
- H. Staff are expressly prohibited from using any other device or item to manage spitting and/or biting behavior.
- I. At no time may staff place anything such as a hand, towel, bed sheet or clothing over an individual's mouth.
- J. Staff will not initiate the use of a protective hood unless directed by a Registered Nurse or LIP.
- K. A **Registered Nurse** will:
  - 1. Direct all uses of protective hoods.
  - 2. Monitor the individual continually in a face to face manner while the protective hood is being utilized.
  - 3. Continually monitor the individual for medical distress while the protective hood is in place.
  - 4. Communicate the use of a protective hood when obtaining the order for the use of restraints.
  - 5. Ensure a protective hood is not used while a person is in seclusion.
  - 6. Discontinue the use of a protective hood as soon the individual is physically or mechanically restrained and the assisting staff are a safe distance from the individual.
  - 7. Participate in and/or lead the event review.
  - 8. Document the use of the protective hood on an incident report form and forward the form to the hospital Safety Officer.
- L. The **LIP**:
  - 1. When present, will direct the implementation and use of a protective hood when individuals are spitting and/or biting.
- M. The **Staff Development Department** is responsible for providing and/or coordinating training regarding the appropriate use of protective hoods.
- N. The Quality Improvement Director is responsible for tracking the use of protective hoods and collecting, analyzing and sharing quality improvement data.

**V. PROCEDURE:**

**A. Use of Protective Hood:**

1. A protective hood shall only be used under the direction of an RN or Physician/LIP
2. The use of the protective hood will be noted on the Seclusion/Restraint Order form.
3. A protective hood will not be used if an individual has vomited, is profusely bleeding from the mouth or is in respiratory distress.
4. The use of a protective hood will be discontinued immediately once the individual is restrained and the staff are at a safe distance from the individual or when the individual is in medical distress.

**B. Application of Protective Hood:**

1. The protective hood will be slipped over the individual's head.
2. The elastic on the hood will circle the individual's neck.
3. The protective hood may not be tightened or held against the individual's face.

**C. Monitoring Individual in a Protective Hood:**

1. The individual shall be under face to face evaluation and shall not be left alone while the protective hood is in place.

**D. Removal of Protective Hood:**

1. The protective hood will be pulled off the individual's head as soon he or she has been placed in restraints and the staff are at a safe distance from the individual.
2. The protective hood will be discarded in a bio-hazard container.

**E. Training Procedures:**

1. Staff Development is responsible for coordinating and providing education to the Direct Care Nursing Staff and the Security Officers.
  - a. Staff will be educated and their competency tested regarding the use of protective hoods during initial orientation and annually.
  - b. Staff will receive annual de-escalation training.
  - c. Staff will be educated on the medical and psychological risks associated with the use of protective hoods.
  - d. Documentation of this training will be maintained by the Staff Development Department.

**F. Documentation:**

1. The use of a protective hood will be included in the Seclusion and Restraint Order Form.
2. The use of a protective hood will be documented on an incident report form and forwarded to the hospital Safety Officer.

**G. Review of Use:**

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1. The use of a protective hood will be discussed during the Restraint Event Review.
2. The Patient Safety Committee will review all uses of protective hoods.

H. Obtaining protective hoods:

1. The Hospital purchasing department will order the approved protective hood.
2. Unit Ward Clerks will be responsible for ordering protective hoods, on as needed basis from the hospital Warehouse personnel.

**VI. REFERENCES:** None.

**VII. COLLABORATED WITH:** Hospital Administrator, Director of Nursing, Medical Director, and Quality Improvement Director.

**VIII. RESCISSIONS:** #TX-32, *Use of Protective Hood* dated March 29, 2012.

**IX. DISTRIBUTION:** All hospital policy manuals

**X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review (Attachment B) per M.C.A. § 307-106-330.

**XI. FOLLOW-UP RESPONSIBILITY:** Director of Quality Improvement

**XII. ATTACHMENTS:** None.

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John W. Glueckert                      Date  
Hospital Administrator

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Thomas Gray, M.D.                      Date  
Medical Director